

HEALTH AND SAFETY CHECKLIST FOR UNREGULATED PROVIDERS

Return to: Local Department of Social Services Mailing Address
Worker Name _____ Phone _____

This checklist in no way constitutes a license or certificate
INSTRUCTIONS:

The parent and the child care provider must fill out the entire form together in the home where care is provided.

Read statements in Sections I and II. If the statement is true, put a check mark in the "yes" column. If the statement is false, put a check mark in the "no" column. If the parent does not agree with any of the responses to the statements, she or he should list the number of those statements in Section V.

The provider must send the completed form to the service worker in the local department of social services. After receiving all necessary clearances and the completed Health and Safety Checklist, the worker will send a copy of the checklist to the parent and to the provider for their records.

Section I: To be filled out for Family Day Home Providers and In-Home Providers

HEALTH AND SAFETY STATEMENTS		YES	NO
32- - If/When I drive the children in a motor vehicle, I make sure the vehicle meets the rules set by the Division of Motor Vehicles, such as: Car has a current license plate Car has safety inspection sticker Car has local sticker I have insurance for the car I have a current driver's license			
2. Any motor vehicle used has required seat belts and car seats.			
3. I have the names and phone numbers of one or more persons in addition to the parent(s) who may be contacted in case of emergency.			

Section II: To be filled out for Family Day Home Providers

HEALTH AND SAFETY STATEMENTS	Yes	No
4. I have a working telephone, or can easily get to one.		
5. All areas of my property where the children are allowed are free of obvious dangers (for example, electrical outlets are covered).		
6. There are working smoke detectors in the areas where children are in care.		
7. My home is in good repair, clean and free of trash.		
8. I keep medicines and cleaning products away from food and I store them in places where children cannot reach them.		
9. If there are guns and ammunition on my property, I keep them unloaded, separated, and in a locked place.		
10. I have a first aid kit available.		
11. I have a working flashlight available.		
12. I wash my hands and the children's hands with soap before meals, after using the bathroom, and after diapering.		
13. I serve healthy meals and snacks to children.		
14. I make sure drinking water is available for the children.		
15. My home is not infested with insects or rodents.		
16. If there are dogs or cats on my property, they have up-to-date rabies shots.		
17. I make sure pets are kept away from areas where I prepare food.		
18. I have no uncovered wells on my property.		

Section III: Assistants and Other Adults in the Home

Name _____ Social Security Number _____

Address (if other than the provider) _____

Name _____ Social Security Number _____

Address (if other than the provider) _____

Section IV: TO BE SIGNED BY PROVIDER

I have discussed the following with the parent:

I am not required by state law or local ordinance to be regulated.

I am at least 18 years of age.

I understand that failure to meet the requirements for unregulated providers will mean the local agency cannot pay me to provide child care.

I agree that I, my assistant (if I have one), and other adults living in the household shall submit the results of a physical and/or mental health examination when requested by the agency if there is evidence of a problem.

I have a completed emergency medical release form permitting access to emergency care for each child receiving care paid by the local agency.

I have an up-to-date record of immunizations (shots) for each child receiving care paid by the local agency when care is provided outside the child's home.

I allow parents and agency staff to visit the day care setting at any time the child is in care.

I do not use physical punishment or any methods of discipline that embarrass children. I discuss with parents methods of discipline to be used.

All the information submitted above is true to the best of my knowledge. **I understand that if I provide false information I could be prosecuted for fraud.**

Name (Print) _____ Date _____

Signature _____ Social Security Number _____

Address _____

County/City _____ Phone Number _____

Rates Charged \$ _____ Per Week / Day / Hour (circle one)

Section V: TO BE SIGNED BY PARENT

I have discussed the following with the provider and the agency:

I have chosen to use an unregulated provider.

I understand I have the right to visit my child at any time while in day care.

I understand that Fraud is larceny. Fraud involving more than \$200 is a felony. The *Code of Virginia* (§63.2-522) deems any person who obtains assistance or benefits by means of a willful false statement, or who knowingly fails to notify of changes in circumstances that could affect eligibility for assistance as guilt of larceny. Upon conviction, the Code of Virginia authorizes punishment according to State law.

I have discussed with the provider the types of discipline to be used with my child and we agree that no physical punishment will be used.

I have discussed with the provider whether smoking is allowed in the provider's home. I am aware of the dangers to children of second hand smoke.

I do not agree with the responses given to the statement(s) in Sections I and II.

_____.

All the information submitted above is true to the best of my knowledge. **I understand that if I provide false information I could be prosecuted for fraud.**

Name (Print) _____

Signature _____ Date _____

Address _____

Phone Number (Home) _____ (Work)____

Local Agency Use Only:

RECEIVED

PAYMENT FOR CARE

Health and Safety Checklist _____ Date Payment Approved _____

Criminal Records Check _____ Date Payment Denied _____

CPS Check _____

Tuberculosis **Screening** _____

Sworn Statement or Affirmation _____

Worker Signature _____

*Approval for payment in no way constitutes regulation of this provider. This document is not a license or certification.